



*Department of Human Resources*  
Division of Employee Benefits

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November 18, 2016

Dear Milwaukee County Employee,

Every year during open enrollment, you have the opportunity to adjust your benefit elections to suit your changing needs. This year's open enrollment period and informational sessions will be held from **December 5<sup>th</sup>, 2016 through December 14<sup>th</sup>, 2016**. County Benefit staff and representatives from the County's medical, pharmacy, dental, life insurance, wellness, and FSA plans will be present to answer questions.

The 2017 adopted budget made no changes to medical deductibles, coinsurance, or office copays. However, it did include minor changes to Milwaukee County's benefit programs, including:

- The addition of a new voluntary Vision Benefit plan (Delta Vision – please see summary page)
- Up to \$1500 dollar-for-dollar employer match into the medical flexible spending account
- Minor adjustment to medical and dental premiums. (New rates are included in the summary of benefits)

A summary of the key benefits provisions for 2017 is included with this letter.

**Enrollment Changes:**

**Not everyone needs to enroll this year.** You only need to enroll if you want to change your benefit elections, update your dependent information, **and/or contribute to a flexible spending account (FSA)** in 2017. If you do not change your benefit elections in the Benefits System, your 2017 benefit elections will be assigned to the option that best matches the choices you made for your 2016 plan year elections **except your contributions to a flexible spending account**. To contribute to the flexible spending account, **you must enroll** to confirm your contribution each year.

The Benefits Enrollment System will be open from **December 5<sup>th</sup> through December 14<sup>th</sup>**, allowing you to make changes to your benefits. All requested enrollment changes will be applied as of January 1<sup>st</sup>, 2017.

## Annual Enrollment Informational Session Schedule

<p><b>Tuesday, Dec 6<sup>th</sup></b>  <b>Safety Building – Sheriffs Gymnasium</b>              821 W. State Street              1:00 PM - 4:00 PM</p>	<p><b>Thursday, Dec 8<sup>th</sup></b>  <b>Zoofari Conference Center</b>              9715 W Bluemound Road              9:00 AM – 12:00PM</p>
<p><b>Monday, Dec 12<sup>th</sup></b>  <b>Safety Building – Sheriffs Gymnasium</b>              821 W State Street              9:00 AM - 11:30 AM</p>	<p><b>Monday, Dec 12<sup>th</sup></b>  <b>Washington Park Senior Center</b>              4420 W Vliet Street              1:30 PM – 4:00PM</p>
<p><b>Wednesday, Dec 14<sup>th</sup></b>  <b>Boerner Botanical Gardens - Lower Level</b>  <b>9400 Boerner Drive</b>              9:00 AM - 12:00 PM</p>	

### Flexible Spending Account (FSA)

Milwaukee County will continue to offer medical and dependent daycare FSA programs to all benefits-eligible County employees. The maximum employee contribution to Health Care FSA for 2017 is \$2600. Health FSA funds can be used to reimburse you for eligible health care expenditures such as copays, deductibles, coinsurance, dental, or vision care.

The maximum contribution for Dependent Daycare FSA remains at \$5000.

Claim reimbursement is based on the date you receive services, not the date you pay the invoice or the date you are billed, which must be within January 1, 2017 and March 15, 2018. With the medical FSA, you can be reimbursed for your entire claim up to your plan-year election, including your Milwaukee County contribution minus any previous claim reimbursements, even if that amount has not yet been deducted from your pay.

FSA is a “use it or lose it” program. Any funds remaining in your account at the end of the plan year are forfeited, including both your contributions and matching contributions made by the County.

**Medical FSA Matching Contribution:** All benefits-eligible employees, *except those employees who are not required to contribute to ERS*, who contribute their own funds into the Health Care Flexible Spending Account (FSA), will receive a matching contribution up to a **maximum of \$1500 per year** to their plan from Milwaukee County.

## 2017 Medical Plan Coverage *At-A-Glance*

	Network	Non-Network
<b>Annual Deductible</b>	Single: \$1,000 EE+Child(ren): \$1,250 EE+Spouse: \$2,000 EE+Family: \$2,250	Single: \$2,000 EE+Child(ren): \$2,500 EE+Spouse: \$4,000 EE+Family: \$4,500
<b>Office Visits</b>	\$30 Copay	\$60 Copay
<b>Inpatient Hospital</b>	80% of eligible charges	60% of eligible charges
<b>Outpatient Surgery</b>	80% of eligible charges	60% of eligible charges
<b>Emergency Room</b>	\$200 Copay	\$200 Copay
<b>Preventive Services</b>	100% of eligible charges	60% of eligible charges
<b>Medical Out-of-Pocket Maximum</b>	Individual: \$3,000 Aggregate Family: \$6,000	Individual: \$4,600 Aggregate Family: \$9,200
<b>Pharmacy Copay – Retail</b> <i>Up to 30-day supply</i>	Tier One: \$10 Tier Two: \$30 Tier Three: \$50	Tier One: \$10 Tier Two: \$30 Tier Three: \$50
<b>Pharmacy Copay – Mail Order</b> <i>Up to 90-day supply</i> <i>Required for maintenance medications</i>	Tier One: \$25 Tier Two: \$75 Tier Three: \$125	Tier One: N/A Tier Two: N/A Tier Three: N/A
<b>Specialty Pharmacy – Mail Order</b>  <i>Up to 30-day supply</i>	Tier 4: \$75	Not Covered
<b>Pharmacy Out-of-Pocket Maximum</b>	Individual: \$2,000 Aggregate Family: \$4,000	Individual: \$2,000 Aggregate Family: \$4,000

**Note:** this at-a-glance guide is intended as a summary only. For specific terms, provisions, conditions, limitations or exclusions, please refer to the Summary Plan Description.

The prescription drug formulary (covered drug list) is reviewed and adjusted throughout the year. In the event of formulary changes, impacted members will be contacted via mail by Optum RX. For the most current information about coverage for specific medications, please contact Optum RX by calling the number on your insurance card.

## Milwaukee County Dental Plan Summary

<b>Milwaukee County Employee Dental Plans Benefit Comparison At-A-Glance</b>		
Benefit	Milwaukee County Conventional Plan (Delta Dental)	Dental Associates (Care Plus)
<b>Network of providers</b>	Services may be performed by the dentist of your choice	Services must be performed at a Dental Associates, Ltd. Dental Center
<b>Annual Maximum Benefit</b>	\$2,500 per person	\$3,000 per person
<b>Annual Deductible</b>	\$25 per person (Maximum of 3 deductibles per family per year)	\$25 per person (Maximum of 3 deductibles per family per year)
<b>Diagnostic and Preventive:</b>		
- Dental exams and cleanings	100% of approved charges	100% of approved charges
- Bitewing x-rays	100% of approved charges	100% of approved charges
- Full mouth x-rays	100% of approved charges	100% of approved charges
<b>Minor Restorations</b> (regular fillings: acrylics, amalgams, & composites)	80% of approved charges	100% of approved charges
<b>Major Restorations</b> (crowns, inlays, onlays)	50% of approved charges	80% of approved charges
<b>Prosthetics</b> (dentures, bridges)	50% of approved charges	80% of approved charges
<b>Simple Extractions</b>	80% of approved charges	80% of approved charges
<b>Endodontics</b> (root canal treatment)	80% of approved charges	80% of approved charges
<b>Periodontics</b>	80% of approved charges	100% of approved charges
<b>Orthodontics</b>	50% of approved charges (includes coverage for adults) with a \$2500 life time maximum benefit.	75% of approved charges (includes coverage for adults if approved by the plan)
<b>Ancillary Services</b>	80% of approved charges	80% of approved charges
<b>Oral Surgery</b>	80% of approved charges	80% of approved charges (surgeon fee only)

## Monthly Employee Medical Premium Contributions as of 1/1/2017

All Employees (Except Deputy Sheriffs and Firefighters)

<i>Milwaukee County Choice Plus Plan (PPO Comparable)</i>		
	<i>Not Participating in Wellness</i>	<i>Participating in Wellness</i>
<b>Employee Only</b>	\$130.00	\$91.00
<b>Employee + Child/Children</b>	\$170.00	\$120.00
<b>Employee + Spouse/Partner</b>	\$240.00	\$190.00
<b>Employee + Family</b>	\$270.00	\$220.00

## Monthly Employee Dental Premium Contributions as of 1/1/2017

All Employees (Except Deputy Sheriffs and Firefighters)

<i>Conventional Dental Plan (Delta Dental) and Dental Associates (Care Plus)</i>	
<b>Employee Only</b>	<b>\$20.00</b>
<b>Employee + Child/Children</b>	<b>\$45.00</b>
<b>Employee + Spouse/Partner</b>	<b>\$45.00</b>
<b>Employee + Family</b>	<b>\$45.00</b>

## Monthly Employee Vision Premium Contributions as of 1/1/2017

All Employees (Except Deputy Sheriffs and Firefighters)

<i>Delta Vision</i>	
<b>Employee Only</b>	<b>\$2.04</b>
<b>Employee + Child/Children</b>	<b>\$4.16</b>
<b>Employee + Spouse/Partner</b>	<b>\$4.08</b>
<b>Employee + Family</b>	<b>\$6.20</b>